

P240000030916

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: LAIS@PAZMADE.COM

FLORIDA PROFIT/NON PROFIT CORPORATION LMPAZ SERVICES CORP

Certificate of Status	0
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2024 MAY -3 AM 9:31

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COVER LETTER

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Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LMPAZ SERVICES CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ARES & COMPANY CPA
Name (Printed or typed)

3636 SW 87 AVE
Address

MIAMI, FL 33165
City, State & Zip

305-229-8256
Daytime Telephone number

LAIS@PAZMADE.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2016 Jan - 6:11:15 PM

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LMPAZ SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
4480 NW 105TH TERRACE

Mailing address, if different is:

CORAL SPRINGS, FL 33065**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LAIS PAZ, PRESIDENT

Name and Title: _____

Address 4480 NW 105TH TERRACE

Address: _____

CORAL SPRINGS, FL 33065

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LAIS PAZ

Address: 4480 NW 105TH TERRACE

CORAL SPRINGS, FL 33065

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LAIS PAZ

Address: 4480 NW 105TH TERRACE

CORAL SPRINGS, FL 33065

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 05/02/2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

X

Required Signature/Registered AgentX
4/2/2024_____
Date*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

X

Required Signature/IncorporatorX
4/2/2024_____
Date